

## **UHS Georgia Behavioral Health**

### **Media Statement for WXIA-TV “11 Alive” – March 25, 2019**

Universal Health Services’ Georgia subsidiary facilities have a long legacy of providing high quality, compassionate and evidence-based behavioral health services to hundreds of thousands of patients over many decades.

Patients who come to our facilities may be experiencing a wide range of psychiatric conditions, such as schizophrenia, bipolar disorder, anxiety, depression, post-traumatic stress disorder, personality disorder, substance use disorders and/or eating disorders. Many patients are brought to us upon threatening to harm themselves or others. Additionally, it is not unusual for patients experiencing mental illness to also concurrently experience significant physical medical conditions.

Over the past four years (2015-2018), UHS’ Georgia facilities have successfully treated well over 140,000 patients across nearly 1.3 million patient days.

#### **Quality, Outcomes and Patient Satisfaction**

All UHS facilities have a longstanding, independently validated record of providing quality healthcare services to patients and their families. Our facilities are licensed, regularly inspected by the state of Georgia and in good standing. Additionally, each facility is fully accredited by The Joint Commission (TJC), an independent non-profit organization with a 60-year record of conducting rigorous reviews of quality and safety in healthcare organizations on behalf of the federal government.

Further, UHS tracks patient satisfaction and post-treatment outcomes results across all UHS Georgia facilities. Between 2015-2018, the following results were reported for our Georgia facilities:

- Patients rate their satisfaction with treatment an average of 4.48 on a 5-point scale.
- 92% of patients across all facilities report feeling better at discharge.
- 85% of patients participating in evidence-based clinical outcomes measurement during this time period exhibited statistically meaningful improvement.
- 85.5% of patients would recommend our facilities to friends/loved ones.

#### **Isolated Adverse Events**

Despite our facilities’ strong clinical performance and patient satisfaction records, we are mindful that over the course of successfully treating tens of thousands of patients annually across all our facilities in Georgia, isolated, regrettable, irregular and unpredictable events will invariably occur. This is not uncommon for all healthcare providers and particularly behavioral health providers. While no healthcare provider is ever completely immune from such occurrences, even one negative incident or experience is one too many and it is never our intention to trivialize the potential impacts to the involved patient and their loved ones. In these rare instances, we work diligently to promptly investigate, take appropriate remedial actions, determine lessons learned and, if necessary, update and/or enact new policies and procedures to reduce the possibility of similar situations reoccurring. Where appropriate, we refer applicable matters to law

enforcement and report to regulatory authorities. In addition, when these isolated incidents occur, we may retrain staff, and/or discipline involved employees, up to and including termination. We hold our staff and leadership accountable and have demanding expectations to provide the best possible care and treatment to every patient every time.

An objective examination of aggregate serious incident rates across UHS' Georgia facilities provides an important perspective of magnitude, reflecting the number of serious events relative to overall patient treatment days. The rate of serious and grave incidents at UHS' Georgia Behavioral Health facilities from 2015-2018 was 0.000367%. In other words, over 99.999% of treatment encounters occur without incident. While complete comparative data is not publicly available across other providers, we believe our rate compares favorably to that of other providers treating similar patient populations in equivalent treatment settings.

### **Proactive, Diligent Reporting Standards**

In accordance with our ethical, legal and regulatory obligations, facilities promptly report suspected and/or alleged improper conduct to local law enforcement and to our regulatory partners (both state and federal), for potential parallel investigations. Self-reporting is consistent with our policy, and if in question, we over-report. Examples of circumstances under which the police are called include but are not limited to the following.

1. 911 call for medical distress – patient experiencing acute medical issue due to co-occurring condition, such as a heart attack or stroke;
2. Patient elopes from the facility and is believed to be at risk of harming self or others;
3. Patient calls the police or 911 from facility phones;
4. Allegation of sexual contact/abuse/assault;
5. Staff member injured by aggressive patient;
6. Severe and ongoing patient aggression that staff cannot sufficiently de-escalate

Police also come to our facilities for matters unrelated to clinical care, such as alleged property theft, to follow-up on prior investigations, to escort patients and for matters unrelated to the facility such as to execute outstanding warrants or similar court orders.

It is also important to note that the information contained in a police report filed following a visit represents a snapshot in time, may omit facts and context, and is not typically updated when the investigation concludes. Even the incidents generating police calls related allegations of improper behaviors or improper care are often ultimately determined through investigation to be unsubstantiated. It would be inappropriate to draw conclusions about the quality of care at any facility based solely upon review of initial police reports without obtaining additional information and context on the individual incidents. UHS facilities fully cooperate with authorities in all cases, including the rare circumstances involving actual criminal conduct. Our standard policy is to separate patients from accusers and if a staff member is implicated, immediately place him/her on suspension pending the outcome of the investigation.

### **Policies and Procedures**

Our facilities strive for excellence in all aspects of operations including maintaining and adhering to policies and procedures intended to safeguard patient safety and comfort. UHS has long mandated 15-minute welfare checks at all facilities; this has since become a standard industry

best practice linked to improved overall outcomes. The purpose of these checks is to ensure patient safety and engagement in their care. Patients experiencing acute illness or with other specialized needs may require more intensive interval checks at the direction of the attending physician or other clinicians. Facility administrators and nurse supervisors also conduct frequent inspection rounds on patient units.

UHS maintains a written Code of Conduct that applies to all who work at company facilities. UHS also utilizes a 24-7 toll-free Compliance Hotline and secure website – operated by an independent third party – for patients/families, staff and supervisors, to report any concerns related to compliance matters, ethical violations or potentially inappropriate conduct. All matters are fully investigated. Callers may remain anonymous if they so desire. The Code of Conduct prohibits retaliation against anyone (including employees) who raises any good faith concern. Facilities also display posters with compliance information and contact information for State of GA Regulators and for The Joint Commission.

### **Communication**

We understand and respect the importance of keeping parents and other legal guardians informed regarding treatment progress and any issues or incidents that may impact care and well-being. To this end, facility leadership works closely with our Clinical Services team to maintain regular communication and to promptly respond to all pertinent inquiries to the extent allowed by law. Our long-standing goal is to resolve issues and concerns quickly, in a manner consistent with clinical best practices and patient-centric care.

### **Hiring Practices and Training**

UHS Georgia subsidiary facilities employ thorough hiring standards to ensure that appropriate and qualified candidates are hired. Many facilities require two-round interviews for line staff and comprehensive pre-employment assessments. All employment offers are contingent upon successful completion of background checks that include criminal history, education verification, professional license verification (if required for the role), prior employment references, and clearance from sexual offender and predator registries as administered by the FBI, state regulatory bodies and other third-party agencies.

Upon hire and successful completion of background checks, new clinical employees receive 40 hours of initial training utilizing a certified or accredited curriculum. The training includes classes covering relevant topics such as Behavior Management, Therapeutic Communication, Facility Compliance Policies and Procedures, Service Excellence, Age-Specific Training along with Non-Violent Crisis Intervention and Verbal De-escalation, Patient Privacy (HIPAA) and Confidentiality. Every UHS facility conducts ongoing mandatory employee training on patient care best practices.

### **Safeguarding Patient Privacy & Dignity**

Due to federal and state privacy laws (e.g., HIPAA), all U.S. healthcare providers are legally and ethically bound to protect patient confidentiality and are therefore unable to disclose details about individual patient cases in the absence of signed authorizations.

Due to these limitations, media reports may not contain relevant context and may omit important facts. For example, information may be incomplete regarding allegations ultimately

determined to be unsubstantiated, medical history or clinical status of a patient, or ulterior motivations of individuals making allegations.

### **Specific Incidents**

As related to the patient death at **Laurel Heights** in 2016 covered previously by media reports, we provide again the following statement:

*The residential treatment program at Laurel Heights Hospital cares for adolescents with often very complex mental and behavioral conditions. Staff completes required training focusing on industry standard techniques in de-escalation and physical intervention required at times to keep patients and staff safe.*

*The incident in 2016 was an unfortunate and isolated incident and is not representative of the compassionate care that our staff and clinicians provide. Laurel Heights Hospital cooperated fully with authorities in the investigation. No criminal charges were filed. We are defending the civil lawsuit vigorously. Due to the pendency of litigation, we cannot comment further at this time.*

*We are committed to continuous improvement in all aspects of our operations, including working to respond to incidents such as this event. Following the incident, we undertook a comprehensive assessment and instituted appropriate corrective actions to the satisfaction of regulatory authorities.*

As related to the incident at **Anchor Hospital** in early 2017 covered previously by 11 Alive:

*The adolescent unit at Anchor Hospital provides inpatient behavioral health services for teens experiencing a crisis or a variety of serious mental health challenges. The staff take pride in positively impacting the lives of the teens we serve.*

*Immediately following the incident in 2017, the teens were separated, the incident was appropriately reported, the facility cooperated fully with the authorities and a parallel internal investigation was conducted. It is important to note that video is not used for surveillance purposes; it is captured for potential subsequent review.*

*We are contesting the facts as alleged. The incident was orchestrated by teens attempting to elude staff, a fact that the district attorney recognized causing the criminal charges to be dropped.*

We have asked you to provide us the details of the other alleged police calls you have referenced as the foundation of your story and opinions so that we may compare against our records or accuracy and context. You have refused to provide us that information. Without insight into the 92 police calls you referenced, and considering the constraints of patient privacy laws as outlined above, we are unable to provide more detailed explanations.

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